

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/22/2011
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G496 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 12/16/2011 | |
| NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2333 WESTDALE CT KOKOMO, IN 46902 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {W 000} | <p>INITIAL COMMENTS</p> <p>This visit was a post certification revisit to a fundamental recertification and state licensure survey completed September 30, 2011.</p> <p>Dates of Survey: December 15 and 16, 2011</p> <p>Facility number: 001010 Provider number: 15G496 AIM number: 100245040</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>Bona Vista Programs Inc. was found to be in compliance with 42 CFR, Part 483, Subpart I, and 460 IAC 9 in regard to the post certification revisit to the recertification and state licensure survey. Quality Review completed 12/21/11 by Ruth Shackelford, Medical Surveyor III.</p> | | | {W 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.